

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51		5						
2							52		5						
3							53								
4							54								
5							55								
6							56								
7							57								
8							58								
9							59								
10							60								
11							61								
12							62								
13	1						63								
14							64								
15							65								
16							66								
17							67								
18							68								
19							69								
20							70								
21							71								
22							72								
23							73								
24							74								
25	1						75								
26							76								
27							77								
28							78								
29							79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37	1						87								
38							88								
39							89								
40							90								
41							91								
42		5					92								
43		5					93								
44		5					94								
45		5					95								
46		5					96								
47		5					97								
48	1						98								
49		5					99								
50		5					100								
TOTAL IND.	5						TOTAL IND.								
TOTAL DEP.	87						TOTAL DEP.								
TOTAL CLAIMS	92						TOTAL CLAIMS								

6x
 4
 10

 52
 40
 92